

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35072

Registration District No. 5-1943-24

Primary Registration District No. 4252

Registrar's No.

109

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Centerville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES IRVINE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucinda Irvine 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 1 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 15 .hr. min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business on farm12. Name Davis S. Irvine

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Locker

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Irvine(b) Address Centerville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri18. (a) Signature of funeral director Canaday & Ropp(b) Address Holden, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Centerville
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from did not attend 19 to 19;
that I last saw him in dead October 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Cardiac Failure

Duration

unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Edward Anderson (Specify type of place) (e) Means of injury
Address Holden Mo Date 10/18/43

100 / (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
List File Number
Date Filed 11-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Mr. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *200*

Registration District No. *164*

Primary Registration District No. *4262*

Registrar's No. *109*

1. PLACE OF DEATH:

(a) County *Johnson*
(b) City or town *Centerville*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Charles Irvine

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *M*

5. Color or
race *W*

6. (a) Single, widowed, married,
divorced *M*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive

7. Birth date of deceased

July
(Month)

18
(Day) (Year)

8. AGE:

Years

Months

Days

Unless than one day

76

3

min.

9. Birthplace

(City, town, or county)

Ohio
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Oct 21 1943
(Date received local registrar)

(b)

Leola M. Williams
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* year *1943* hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
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tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

35072